

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County ST. Louis Mo.
(b) City or town ST. Louis Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 1 years, months or days)

8. (a) PRINT FULL NAME Winnie Robinson

8. (b) If veteran, name war. No. 8. (c) Social Security No.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife UNKNOWN 6. (c) Age of husband or wife if alive 10 years (Month) (Day) (Year)
7. Birth date of deceased 2 10 1906 (Month) (Day) (Year)

8. AGE: Years 34 Months 1 Days 14 If less than one day hr. min.

9. Birthplace Mississippi Jackson (City, town, or county) (State or foreign country)

10. Usual occupation Maid

11. Industry or business

12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown 9
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Arnestine Moore
(b) Address 3400 E. Lawton Ave

17. (a) Burial (b) Date thereof 3/29/40 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Denise Love
(b) Address 3103 Washington AVE

19. (a) MAR 26 1940 (b) J. F. Rudich (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21
(c) City or town ST. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3400 a Lawton (If rural, give location)
(e) If foreign born, how long in U. S. A? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1940 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from March 3rd, 1940 to March 24, 1940; that I last saw her alive on March 24, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death 1. Lobar pneumonia
2. Diabetes mellitus
3. Nephritis

Due to 51
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 51
Of autopsy 51

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 51
(b) Date of occurrence 51
(c) Where did injury occur? (City or town) (County) (State) 51
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 51

While at work? (Specify type of place) (e) Means of injury 51
23. Signature Rayston S. Metcher (M. D. or other) 51
Address 1536 Papin St Date signed 3/25/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Arthur L. Hilliard

Licensed Embalmer No. 3389

P. O. Address. 3028 Dickson St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.